

KENTUCKY BOARD OF LICENSED DIABETES EDUCATORS
P.O. BOX 1360
FRANKFORT, KY 40602
<http://bde.ky.gov>

APPLICATION FOR APPRENTICE DIABETES EDUCATOR PERMIT

- A non-refundable application fee of \$50.00 (fifty dollars) must be included with this application.
- Please make check or money order payable to the Kentucky State Treasurer. DO NOT SEND CASH.
- Please include the Supervised Work Experience Report (form 5)
- Please mail the completed application and the application fee to the address above.
- Print or type

Name:

Last First Middle

Address: _____
(Official address to be used by the Board for all correspondence)

City: _____ State: _____ Zip Code: _____

County: _____

Phone Number: _____ Work number: _____

Social Security Number: _____ Date of Birth: _____

Email Address: _____

Professional Discipline Information: _____
(fill in the blank)

Do you currently hold another professional license or credential? _____ Yes _____ No

If yes, list the license(s), number(s) and the state in which you are licensed.

Have your credentials ever been disciplined? _____ Yes _____ No

If yes, please provide the violation and the discipline imposed _____

Have you ever been convicted or pled to a felony? _____ Yes _____ No

If yes, explain and provide official court documentation of the resolution _____

Signature

Date